

Please return this form to disability.services@flinders.edu.au

To be completed by a Health Practitioner with a Medicare Provider number, and/or registered with the Australian Health Practitioner Regulation Agency (AHPRA). Health Practitioner must be relevant to the nature of the student's disability or medical condition.

This information will be kept confidential with the Disability Service and is required for the purpose of ensuring that this student's condition will not disadvantage or negatively impact on their study. While you are under no obligation to complete this document, the student will not be able to obtain appropriate support without this information.

Students diagnosed with Specific Learning Disability need to provide the report from the psychologist who did the assessment, it is preferred that the report was completed at Secondary School age or higher.

Student Details (To be completed by the student)

Student Name	Date of Birth	Flinders ID Number
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To be completed by a Health Practitioner

Practitioner Details <i>I declare that I am not a close relative or associate of this student.</i>	
Name	Profession
Provider Number	Duration of Treatment
Email	Phone
Date	Signature
Diagnosis and Support Details	
Diagnosis	Date Diagnosed
Brief description of condition	
Disability Type	<input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Medical condition <input type="checkbox"/> Mental Health condition <input type="checkbox"/> Neurological condition <input type="checkbox"/> Physical/Mobility Disability <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Specific Learning Disability/ADHD (report from psychologist required, preferred from Secondary School age or higher)
Severity of condition	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound
Prognosis 1. (Please tick only one)	Mental Health conditions The student's condition (e.g., anxiety, depressive episode) is expected to resolve/ improve/ be well managed within; <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months Review date: or <input type="checkbox"/> The student experiences Multiple recurrent episodes which are expected to impact on their study episodically (e.g. Schizophrenia, Bipolar, Major Depressive Disorder)
OR 2.	Medical conditions <i>(for Psychiatric diagnosis please complete Mental Health conditions above)</i> The student's condition is expected to resolve/ improve/ be well managed within; <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months Review date: or The student's condition is: <input type="checkbox"/> Ongoing and stable <input type="checkbox"/> Ongoing and fluctuating <input type="checkbox"/> Ongoing and degenerative
Recommended study load	<i>Some Courses are offered only on a full-time basis, may not be applicable for international students.</i> <input type="checkbox"/> part time (1-2 topics) <input type="checkbox"/> full time (3- 4 topics)

Impact on Study

Please consider the impact of the student's disability/ medical condition on their specific study skills/needs

Please select those which apply:

- Reading** (e.g., standard print; reading from white board/ screens; speed; comprehension)

- Writing and Fine motor skills** (e.g., writing speed; physical ability; fine motor skills in laboratories; other)

- Cognitive Skills** (e.g., attention and concentration; planning and organisation; processing skills; memory; other)

- Physical environment** (e.g., handling of heavy doors; negotiating stairs; using a standard computer or seating; standard acoustics; retrieving books from library shelves; moving easily between venues on campus; other)

- Does the student require specific equipment, furniture or assistive software?** YES / NO Please specify:

Attendance and participation in lectures, tutorial, practical and laboratory classes (e.g., collaborating with others; completing work independently; participating in groups; making presentations)

If the student requires adjustments in relation to attendance/ participation, please explain why

Completing assessable work within topic time frames

If the student requires an extension/s for assessable work, please explain why

Exams (e.g., extra time; rest breaks; permission to take in medication, snack or drink (other than water); use of equipment such as a computer or ergonomic furniture; smaller venue)

Placement (e.g., venue location / lifting requirement / part-time hours / no 'late-early' combination shifts / unable to drive / equipment & Software / guide-dog user).

Determining Reasonable Adjustments

Whether an adjustment is reasonable will be determined in accordance with the *Disability Standards for Education*. This will involve considering all the relevant circumstances and interests, including the student's Disability; the effect of the proposed adjustment on the student and on anyone else affected, including the University, staff and other students.

An adjustment is not reasonable if it would:

1. compromise the integrity of the program or topic or assessment requirements and processes; or
2. remove or bypass any essential requirements of the course/topic.